## APPLICATION FOR EMPLOYMENT

## Child Care of the Berkshires, Inc.

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, pregnancy status, genetic information, national origin, age, and disability, military of veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

						Date of Application
Position(s) Applied for						
Referral Source:	( ) Advertisement	(	) Friend	d (	) Rela	ative ( ) Walk- In ( ) Online
	( ) Employment Agend	СУ	(	) Compa	ny W	ebsite ( ) Other
Name						
Last		First				Middle
Address						
Number	Street			City		State Zip
Telephone ( )						Mobile Phone(  )
,						,
E-mail			_			
Are you under 18?	( ) yes ( ) no	)				
If employed and you ar	e under 18, can you furr	nish :	a work	permit?		( ) yes ( ) no
	cation here before?				) no	
•	nployed here before?	•		,	) no	
Are you employed now	v? ( ) yes	(	) no			
Can you perform the exaccommodation? ( )		posi	tion for	r which y	ou ar	e applying with or without reasonable
May we contact your p	resent employer?	(	) yes	(	) no	

Proof of authorization to work and of your identity will be required upon employment.

On what date would you be ava	ilable for work?	? <u> </u>	\ Part time		) Shift work ( ) Temporary ( ) Over time
Are you on a lay-off and subject	to recail?	(	) yes	(	) no
Can you travel if the job require	s it?	(	) yes	(	) no
Certifications/Certificates					
Please list any certifications you	•				
Professional References Please list the name, telephone	number, relatio	onsl	hip and orgar	niza	ation of three professional references:
1					
2					
3					
Special Skills and Qualifications					
Summarize special skills and qua		iiro	d from emplo	w	ment or other experience:
Summanze special skills and qua	anneations acqu	ıne	u nom empic	уун	ment of other experience.

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone	
Street		
Job Title	Supervisor	
Work Performed		
Reason for leaving		
Dates Employed - Starting	Final	
Employer	Phone	
Street		
	Supervisor	
Work Performed		
Reason for leaving		
	Final	
Employer	Phone	
Street		
City, State, Zip		
Job Title	Supervisor	
Work Performed		
Reason for leaving		
Dates Employed - Starting		
If you need additional space, please continue of		

## **EDUCATION**

	High School	College/University	Graduate/Professional		
Name of School					
Years Completed please circle	9 10 11 12	1 2 3 4	1 2 3 4		
Diploma/Degree					
Course of Study					

Honors received:

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I Certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant				Date	
For Human Resource	e De	partment Only			
Arrange Interview	(	) yes	( ) no		
o .	`	, ,	, ,		
Interviewer				date	
el	,	N	1 \ \	Data of Facility and	
Employed	(	) yes	( ) no	Date of Employment	·
Job Title			Hourly Rate/Salary		Department